

This portion MUST be returned with your payment to ensure proper credit. THANK YOU

ACCOUNT BILLED
HARRISON, WILLIAM V.

PROPERTY NAME
MONOCLINIC #1/TRIANGLE

PROPERTY ID
S370085

BILLING DATE
6/26/1998

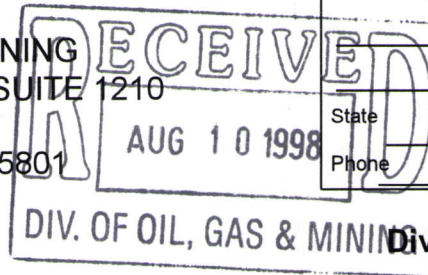
AMOUNT DUE
\$ 100.00

AMOUNT PAID
100.00

<input type="checkbox"/> FEE NOT ENCLOSED
Permittee requests an inspection to close out this permit.

tg
8/10/98

DIVISION OF OIL GAS AND MINING
1594 WEST NORTH TEMPLE SUITE 1210
PO BOX 145801
SALT LAKE CITY UT 84114-5801



Change of Address	
Contact	
Address	
State	Zip
Phone	

Please make check payable to:

Division of Oil, Gas and Mining